

# AMERICAN ACADEMY OF GENERAL PRACTICE

VOLKER BOULEVARD AT BROOKSIDE • KANSAS CITY 12, MISSOURI

OFFICE OF THE PRESIDENT  
AMOS N. JOHNSON, M. D.  
GARLAND, NORTH CAROLINA

July 12, 1965

The President  
The White House  
Washington, D. C.

Mr. President:

As the elected President of the American Academy of General Practice, it is my honor and duty to represent some 29,000 family physicians of this nation. It is on their behalf that I am writing this letter about the report of your Commission on Heart Disease, Cancer, and Stroke and about some of the legislation which has been formulated to implement this proposed program.

Although the program has some good aspects, we believe it has some rather serious defects and omissions. These we would like to call to your attention, for it is only through expression of honest differences of opinion that we will make progress in areas such as this.

It is our belief that large regional centers such as proposed in Senate Bill 596 and HR 3140, and their counterparts, provide neither the most effective nor the most economical means of combating these illnesses. Many believe that our large complex specialty-segmented and isolated medical centers are increasingly providing less effective patient care.

Certainly, as is most of medical education presently, this program is unduly slanted toward remedial patient care. A program aimed toward producing an ample supply of well trained family physicians oriented to health care (prevention and control, as well as remedial care and rehabilitation) could be productive of better health for Americans.

Certain implications in the report of the DeBakey Commission are objectionable to us for we do not believe they are borne out by the facts and figures quoted to this commission.

*26 Johnson*  
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The first of these is the implication that mortality is lower and morbidity is reduced in heart disease, cancer, and stroke patients treated in large medical centers in comparison with those treated in smaller hospitals or even in their own homes. Those of us who are on the "firing line" of medical practice are daily required to think long, hard thoughts before we refer a patient from his local community to a large medical center where he might receive over-treatment which would be less beneficial than care under his family physician at home.

It is also implied that standardized care at a regional center would mean better care. We think you will find that there is much disagreement even among the medical academicians as to what constitutes the best care in each of these fields. For example, some treat with anticoagulants and some don't; some treat with radiation; some treat with surgery; some use surgical approaches for vascular conditions and some don't.

We also hasten to refute the implication that information on the latest advances in research and therapy is not being adequately disseminated to practicing physicians of the nation. Many postgraduate programs for practicing physicians are provided for this purpose. We call to your attention the fact that, although our organization is the only major medical organization which requires completion of a certain number of hours of postgraduate study periodically to maintain membership, thousands of courses are sponsored annually by medical schools, other medical organizations, and divisions of the Public Health Service to bring the latest in medical developments to the practicing physicians.

The Academy's membership together with other practicing physicians in this country probably take care of 95 per cent of the people who are afflicted with these three illnesses. The commission which studied this problem, however, was made up almost entirely of men in academic medicine. Practicalities of the provision of medical care received little consideration in the formulation of this report.

This group, Mr. President, could hardly give a representative opinion on these problems. We believe, in fact, it has given opinions which are not representative of the majority of practicing physicians in this country. We believe that this report could have originated only in the minds of those who are quite far removed from the day-to-day problems of taking care of people who are sick.

This program as presented has a tremendous emotional appeal in its promise of reducing deaths due to these three causes. However, many deaths resulting from heart disease and stroke are abetted by the natural

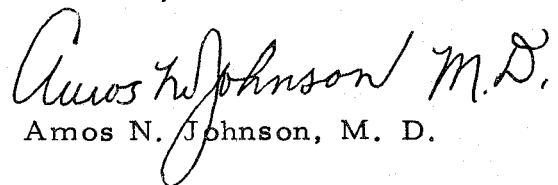
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aging process and more extensive treatment of these patients at regional centers will not bring about a reduction in this death rate. We believe this report gives the public the erroneous impression that with the expenditure of considerable federal funds a panacea can be purchased. This we know is not possible.

We do not think that increasingly large expenditures of federal funds can purchase answers to the problems of the etiology of cancer or arterial degeneration. We believe it would be more effective to concentrate available funds on well planned and well supervised research programs which can be staffed by qualified research personnel. Effective, productive medical research is not a commodity to be bought on today's open market at any price.

We need not more but better qualified medical research scientists. However, an even greater need is for more physicians in private practice who can provide comprehensive health care to all people as often as possible in their own environment.

Sincerely,

 M.D.  
Amos N. Johnson, M. D.

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cc: Members of U. S. Senate  
Members of U. S. House of Representatives  
Secretary and department heads of HEW  
Members of President's Commission on Heart Disease, Cancer, and Stroke  
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